

APPLICATION DATA SHEET

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Sequence submission?:: | Yes |
| Computer Readable Form (CRF)?:: | No |
| Number of copies of CRF:: | None |
| Title:: | Recombinant BCG Vaccines for the Prevention and Treatment of Cancer" |
| Attorney Docket Number:: | WII-014 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Total Drawing Sheets:: | 6 |
| Small Entity?:: | Yes |

Applicant Information

| | |
|---|---------------------|
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | |
| Status:: | Full Capacity |
| Given Name:: | Maureen |
| Middle Name:: | A. |
| Family Name:: | Chung |
| City of Residence:: | Providence |
| State or Province of Residence:: | RI |
| Country of Residence:: | US |
| Street of mailing address:: | 23 President Avenue |
| City of mailing address:: | Providence |
| State or Province of mailing address:: | RI |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 02906 |

Applicant Authority Type::
Primary Citizenship Country::
Status::
Given Name::
Family Name::
City of Residence::
State or Province of
Residence::
Country of Residence::
Street of mailing address::

Inventor

Full Capacity
Surendra
Sharma

City of mailing address::
State or Province of
mailing address::
Country of mailing address::
Postal or Zip Code of mailing
address::

Applicant Authority Type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::

Inventor

Full Capacity
Helena
R.
Chang

City of Residence::
State or Province of
Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of
mailing address::
Country of mailing address::
Postal or Zip Code of mailing
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Mark
Middle Name:: A.
Family Name:: O'Donnell

City of Residence::
State or Province of
Residence::
Country of Residence::
Street of mailing address::
City of mailing address::

State or Province of
mailing address::
Country of mailing address::
Postal or Zip Code of mailing
address::

Correspondence Information

Correspondence Customer
Number:: 000959

Representative Information

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|---|--------|
| Representative Customer Number:: | 000959 |
|---|--------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Non-Provisional | 60/235,455 | September 26, 2000 |

Assignee Information

Assignee name:: Roger Williams Hospital
Street of mailing address:: 825 Chalkstone Avenue
City of mailing address:: Providence
State or Province of mailing
address:: RI
Country of mailing address:: US
Postal or Zip Code of mailing
Address:: 02908-4735

| | |
|---|----------------------------------|
| Assignee name:: | Beth Israel Hospital Association |
| Street of mailing address:: | 330 Brookline Avenue |
| City of mailing address:: | Boston |
| State or Province of mailing address:: | MA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing Address:: | 02215 |

